McLaren Flint

OPS ANESTHESIA RECORD

DATE	PAGE ____ OF ___	ASA 1 2 3	OR RM #

Antibiotic _____ IV Start _____ Stop _____

☐ No Pre-Op Antibiotic Ordered

ANESTHESIA TECHNIQUE
GA REGIONAL MAC

ANES START _____ ANES STOP _____

CRNA _____ signature Anesthesiologist _____ signature

Diagnosis _____

Procedure _____

PRE-OP CHECKS
- ☐ Pt Identified ☐ Time-out
- ☐ Chart Reviewed
- ☐ Monitors on ☐ Alarms On
- ☐ Machine check prior to use
- ☐ Suction checked prior to use
- ☐ Pressure points padded
- ☐ Arms secured ☐ <90° to Body

MONITORS
- ☐ EKG ☐ Temp
- ☐ B/P Cuff ☐ Humidifier
- ☐ Pulse Oximeter Audible ☐ Nerve Stim
- ☐ ET CO_2 ☐ Foley
- ☐ Gas Analyzer ☐ Bair Hugger
- Steth ☐ Precordial Eyes ☐ Tape
- ☐ Esoph ☐ Lube

AIRWAY MANAGEMENT ☐ Oral airway ☐ Nasal R/L
- ☐ Pre-oxygenated ☐ NC ☐ Mask ☐ 2% Xylo. Jelly or Surgilube
- ☐ LMA size _____ Vol _____
- ☐ ET size _____ lipline _____ ☐ BBSE
- MP _____ ☐ uncuff ☐ cuff ☐ Dentition unchanged
- ☐ ET CO_2 present ☐ RSI ☐ Cricoid
- ☐ MAC _____ ☐ Miller _____ ☐ Stylet
- DVL _____ Attempts ☐ Atraumatic

POSITION
- ☐ Supine
- ☐ Prone
- ☐ Beach Chair
- ☐ Lateral L R
- ☐ Litho
- ☐ Jackknife
- ☐ Other _____

MONITORING TIME — **TOTALS**

O_2 L/MIN									
N_2O L/MIN									
FOR / DES / SEVO									
PROP (mg)									
FENT (µg)									
Versed (mg)									
EKG									
FIO_2									
SPO_2									
$ETCO_2$									
TEMP S/E									
V_T/Resp									
PIP									
EBL / u/o									
IV gu ____ site ___ IVF									

Baseline Values

Sa O_2 _____

BP _____

HR _____

R _____

220 200 180 160 140 120 100 80 60 40 20

REGIONAL START _____ STOP _____

☐ ISB ☐ Ankle ☐ Peribulbar Block ☐ SAB
☐ Femoral ☐ Bier Block ☐ Ultrasound Guided
☐ Auxiliary Block ☐ Other _____
☐ Post-Operative Pain Block per Surgeon Request

Position _____ Prep _____

Local _____ Site _____ Needle _____

Attempts _____ Paresthesia _____ Level _____

Drug/Dose _____

signature

Remarks

☐ All Extubation Criteria Met

Post Anesthesia Assessment given to PACU / OR Nurse

@ _____ RA/O2 at _____ L/M

SaO_2 _____ B/P _____

HR _____ R _____ T _____

Total Fluids _____ ml

Mental: Awake Oriented
Arousable Asleep

Discharge Evaluation Note

Vital signs in patient's normal range	☐ yes	☐ no
Respiratory function stable; airway patent	☐ yes	☐ no
Cardiovascular function and hydration status stable	☐ yes	☐ no
Mental status recovered: patient participates in evaluation	☐ yes	☐ no
Pain control satisfactory	☐ yes	☐ no
Nausea and vomiting control satisfactory	☐ yes	☐ no

Comments _____

Evaluator Signature _____ MD/DO/CRNA Date/Time _____

☐ Anesthesiologist present during induction & emergence, & intervals during General Anesthesia

signature

PT.

MR.#/RM.

DR.

ADDITIONAL ANESTHESIA NOTES

PT.

MR.#/RM.

DR.